

Project Background

In April 2011, Washington State was one of 15 states that received a planning grant from the federal government's Centers for Medicare and Medicaid Services (CMS). The grant monies were made available for developing an implementation plan that would lead to innovative ways to integrate and care for individuals who receive services from both Medicare and Medicaid. In the Evergreen State the number of individuals who are fully eligible for Medicare and Medicaid is approximately 115,000 individuals. The proposed implementation plan has been submitted to CMS by Washington State.

The Duals Innovation project governance is being shared between The Washington Department of Social and Health Services, Aging and Disability Services Administration (DSHS/ADSA) and the Health Care Authority (HCA). For community education and outreach purposes, the program is called "HealthPathWashington: A Medicare & Medicaid Integration Project for the Evergreen State."

Governance Structure

EXECUTIVE LEADERSHIP TEAM

DSHS: Robin Arnold-Williams and MaryAnne Lindeblad

HCA: Doug Porter and Preston Cody

Governor's Office: Jonathan Seib and Carol Holland

GOVERNANCE COMMITTEE

DSHS/ADSA: MaryAnne Lindeblad, Chris Imhoff, Bill Moss, Dan Murphy, and Linda Rolfe

DSHS/RDA: David Mancuso

HCA: Heidi Robbins-Brown, Preston Cody, Andy Cherullo, John Williams, and Dr. Jeff Thompson

DOH: Anne Shields

ADVISORY TEAM

See HAT Membership List

PROJECT MANAGERS

DSHS: Bea-Alise Rector

HCA: Kathy Pickens-Rucker

DSHS and HCA PROJECT TEAMS

Health Homes

3-Way Contracting

Fiscal and Payment Reforms

Stakeholder Outreach and Communications

(Others may be added based upon implementation needs and agreement with CMS)

Purpose

The HealthPathWashington Advisory Team will help inform the agencies on the implementation of the state's design plan to integrate the delivery, financing, technology and human touches experienced by beneficiaries in Washington State who are eligible for both Medicare and Medicaid.

DSHS/ADSA and HCA will rely on this team to assist with information dissemination and to provide feedback related to the project. The agencies will also distribute information and receive feedback from interested parties individually through an interactive web page.

This is a time-limited (24 months) advisory team representing a broad array of organizations and/or individuals that receive, provide, administer, and advocate for services provided under Medicare and Medicaid. Because of the aggressive implementation timeline required of this project, the state is proceeding with formation of this team and other activities prior to approval of the proposed Design Plan by the Centers for Medicare and Medicaid Services (CMS).

The proposed Design Plan sets a framework and strategies for integrating care. Although the Advisory Team will not be a decision making body, active participation by members will be vital to the success of the HealthPathWashington project. The Advisory Team will provide feedback and input to help ensure the successful implementation of the integration strategies and achieve desired outcomes.

Roles and Responsibilities

ROLE	RESPONSIBILITY
Project Managers	<ul style="list-style-type: none">• Participate in planning Advisory Team meetings to support work product• Identify participants and provide contact names• Attend Advisory Team meetings in order to present information and participate in team discussions• Prepare meeting materials• Responsible for day-to-day management of the project

ROLE	RESPONSIBILITY
Facilitators	<ul style="list-style-type: none"> • Develop Advisory Team documents • Keep all project materials up to date • Keep all Advisory Team members informed of progress and problem solve identified issues • Set up, coordinate, and facilitate, manage logistics, prepare agendas/notes/meeting materials for Advisory Team • Ensure posting of materials on HealthPathWashington Web page and project SharePoint
Advisory Team Members	<ul style="list-style-type: none"> • Attend all Advisory Team meetings in person if at all possible • Provide a substitute representative if necessary • Assist with information dissemination and provide feedback related to the project • Provide feedback and input to help ensure the successful implementation of the integration strategies and achieve desired outcomes.